U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0168 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

Name William: Casey: Name Chicago Regional-Council of Carpenters Labor Organization File Number [001-949] P.O. Box, Bidg., Room No., if any P.O. Box, Building and Room Number, if any Street 100 Tower Drive Street 12 State Erie: City Chicago: State Tlannois ZIP Code + 4 60527. State Tlannois ZIP Code + 4 60511. 5. Position In labor organization. Business: Representative/Organizer. Cocal Coca	1. File Number U -	2. Fiscal Year Covered From:
Name (billiam) (Dasey) Name (Chicago Regional-Council of: Carpenteres Labor Organization File Number (O03.949) P.O. Box, Bidg, Room No. if any P.O. Box, Building and Room Number, if any Street [100 Tower Drive State Illimois State		1 / 1 / 200A Through: (12 / 31 / 2004)
Labor Organization File Number (001-949) P.O. Box, Bidg, Room No. if any P.O. Box, Building and Room Number, if any Street [100] Tower, Drive Steet [12 Bast Bris] City Chicago City Chicago State Thinnois ZIP Code +4 60527. State Thinnois ZIP Code +4 60531. Enter appropriate data below if, during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Heid an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monatary subtraction from an employer whose employees your organization represents or is actively seeking to represent. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any Street Interest in the second or application in the control of the low, that all of the information submitted in this report (including true information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned snowledge and belief true. The instructions, in the second on presented in the instructions.	3, Name and address of person filing.	4, Name, file number, and address of labor organization.
P.O. Box, Bidg, Room No., if any Street 170 Tower Drive Street 170 Tower Drive Street 171 Bast Brie: City Chicago State 171 Innois. ZIP Code +4 50527; State 171 Innois. ZIP Code +4 50521 Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. 9. Name and address of Employer (including trade name, if any). Name 170 Amount 7.a. Nature of interest. Transaction, or income. Signature 15. Signature and verification. The undersigned declares, under pensity of Perjury and other applicable pensities of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned for knowledge on the electroper containing the information or pensities in the instructions; the information of the undersigned for knowledge are belief pass, containing the pensities of the isw, that all of the information or pensities in the instructions, and complete, (See the section on pensities in the instructions).	Name William Casey	Name Chicago Regional Council of (Carpenters
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Name of Person Filing William Casey	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Whitfield ⊊ McGann	(egroup)	
Trade Name, if any:	a. Labor Organization b. Trust	
P.O. Box, Bldg., Room No if any Suite 1501	c. Employer	
Street Two North LaSalle	Garantel	
City Chicago		
State Illinois : : :: ZIP Code + 4 60602 : : : :		
10. If 9.b. or 9.c. Is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name (Received ham during the Holiday Season, 12/04	
Trade Name, if any:		
F.O. Box, Bldg., Room No., if any		
Street	11.b. Approximate dollar value of such dealing.	
City	12.a. Nature of interest held or Income received.	
State ZIP Code + 4		
	12.b. Amount.	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name. If any).	14.a. Nature of payment.	
Name (************************************	14.a. Nature of payment. The state of the s	
Trade Name, If any:	A magning that is a major of the special properties to the major of th	
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13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	